Item No 7

Adult Social Care & Health Overview & Scrutiny Committee

Public Health Transition – Shadow Year Developments.

1. Introduction

1.1 This paper aims to provide an overview of how the new public health system will look and function post April 2013 and the work being done locally to ensure transformational change while still delivering the full range of public health responsibilities effectively and efficiently

2. National Summary

2.1 The proposals for the footprint and management arrangements for the National Commissioning Board and PHE are emerging. Regional Directors of PH across the West Midlands have responded to the PHE consultation document. The local response advocated a Solihull/Coventry/Warwickshire office and the need for much stronger liaison with local public health services with named link staff in identified roles. However, the final decisions are that the Public Health England office will be in Birmingham and cover the old West Midlands Regional footprint. For the NCB local office, this will cover Herefordshire, Worcestershire, Warwickshire and Coventry, and be most probably based in Worcester.

2.2 The Secretary of State for Health has made clear his expectation that Public Health England will provide strategic leadership and vision for the protection and improvement of the nation's health and goes on to outline that *'through the application of research, knowledge and skills we will lead nationally and enable locally a transformation in the health expectations and, in time, outcomes of all people in England regardless of where they live and the circumstance of their birth'*

2.3 The PHE leadership team will include Directors for Health Protection, Health Improvement and Population Health, Finance and Corporate Services and a Director of Human Resources a Chief Knowledge Officer. The delivery focus will be supported by a Director of Strategy and a Director of Programmes.

2.4 Public Health England will have operational independence as an executive agency where the Chief Executive will be accountable to the Secretary of State for Health. It will have a publicly appointed non-executive chair and a board with a majority of non-executive members.

2.5 The National Commissioning Board will have four regional offices for England and 8 local area offices in the Midlands and East that will:

- Carry out direct commissioning of NHS services including primary care and specialised services
- Assure CCG commissioning
- Develop key partnerships as members of the H&WBB
- Promote strategic developments of NHS services through clinical senates and clinical networks.

3. Local Context

3.1 The priority key transition issues currently in sight include:

- Sub regionally joint opportunities
- The management of change agenda and Directorate restructure in order to ensure fitness for purpose within our LA environment
- Financial transition and transfer of funds and associated contracts
- CSS developments following the extension of the population footprint and the PH core offer developments to CCGs
- Developments with DCs/BCs over the Memorandum of Understanding

4. Sub regional Joint Development Opportunities

4.1 Historically, Public Health departments have worked in a collaborative fashion. Locally, this is most evident in areas such as Dental Public Health with staff working across Warwickshire and Coventry but also in Health Protection and Communicable Disease Management with one Health Protection Agency (HPA) unit currently encompassing all three departments.

4.2 Over the past 18 months as part of the NHS Arden Cluster, Warwickshire and Coventry Public Health Departments have initiated a number of collaborative work streams. The rationale and benefits include:

a) It is an opportune time to consider joint developments given the transformation challenge around Public Health that the government has set us.
b) Within a ring fenced budget Public Health is keen to drive efficiencies and maximum efficacy.
c) Local authorities need the required range of expertise and resource to enable them to deliver their (new) public health functions and responsibilities

3.2 More recently the 3 DPHs have begun to include Solihull in discussions within this overall framework of collaboration. We are still awaiting regulation, guidance and final detail on many aspects of the Health and Social Care Bill. This will affect management responsibilities for local authorities across Public Health as well as staff transfers and employment issues for individual departments.

3.3 The main areas of Collaboration Public health are exploring include:

a) Health Protection.
We have established a Health Protection Team across Coventry & Warwickshire (and possibly Solihull) to provide a more pro-active specialist resource across this function. There may be potential savings as part of this work.

b) Emergency Planning and Resilience
Building on existing sub-regional arrangements there may be opportunities to streamline and standardise our response to this need. We await regulation and further guidance in order to progress.

c) Sexual Health Commissioning

A degree of collaboration already exists as with the Sexual Assault referral Centre (S.A.R.C.) work. This could result in contractual efficiencies. We are currently examining clinical pathways.

d) **Core Offer/Public Health Intelligence**
Under the provisions of the Act, Local Authorities have been "mandated" to provide a range of support services to Clinical Commissioning Groups. We have developed a draft standard response from both Public Health Departments. We are currently working to outline benefits such as consistency of approach, reduction in overheads such as negotiation and contracting, maximizing use of scarce resources etc.

e) **Healthy Workplace and "Every Contact Counts"**
At an early stage of development, we are keen to exploit opportunities around healthy workplaces and maximising the health of the workforce, which the LEP provides.

f) **Health and Wellbeing Board**
An outside consultancy is working with Health and Wellbeing Board members across Coventry and Warwickshire to look at opportunities for collaboration across the two boards as well as identifying how, by working together, they may influence the strategic direction for health and healthcare. An initial report is due at the end of June.

3.4 In conclusion

- A number of work streams are in train but at different stages of development
- Some efficiencies and cost saving is possible
- Main benefit is maximizing use of scarce resources and enabling authorities to address Public Health responsibilities.

4. Management of Change Process

4.1 The consultation process and proposals for the revised PH management arrangements commenced on 11 June, with feedback on proposals closing on 11 July and Phase 1 completing on 23 July. Feedback is being encouraged from staff and stakeholders on the Public Health framework document, the functionality and future operating model. (Phase 1 attached)

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4.2 Phase 1 outlines the functional and operational arrangements in line with our future within WCC . Phase 2 begins on 23 July when the revised PH structures will be launched. The structures will be finalised for implementation on 1 September 2012. The timetable is aligned to consultation across and within the Arden cluster. Consultation on a Coventry PH revised operating model will be launched in August.

4.3 The DPH is the principal health advisor for all councils and all elected members not only WCC and this is particularly highlighted by the Act where the principal health advisor role is described. This responsibility widens the role of DPH and needs to be discussed and considered as part of the next steps in the transition process.

4.4 WCC HR team will commence building the staffing requirements in the HMRS system in September. Discussions are also underway to consider CSS hosting the Public Health payroll function. Six months will be required to build the WCC structure if staff are to be included on the HRMS system from 1st April 2013.

5. Finance

5.1 Joint Finance Development Group feedback

5.2 The management of the process for the smooth transfer of PH funds into WCC continue. Following the production of the Cluster 2011/12 final accounts finance will submit a return to the DOH on 23 July on the proposed baseline allocation to CCGs. This return also includes PH elements as outlined in the final accounts for the same year.

5.3 On 19th June a joint meeting between Arden PCT and WCC senior finance and Public Health colleagues reviewed the progress to date on the transfer of funding preparations and agreed some priority actions and key decision-points.

5.4 Headlines from this discussion are:

- Public Health will identify potential budget pressures for Public Health in future years by September 2012 in line with WCC budget timetable.
- That the Department of Health, have advised Public Health and thereby Local Authorities not to expect the health premiums to be available until year commencing 2015/16
- Emergent plans with Public Health England and the National Commissioning Board (NCB) are not fully developed and some scenario planning will be required.
- That accountability for delivery to individual roles will be equally important to the location of funds – e.g. where budgets are not necessarily held in the same organisation as those who make commissioning or spending decisions. These decision and funding pathways need to be made explicit. (DAAT/Sexual Health/health checks)
- PCT Finance colleagues will submit a Department of Health Finance return by 18th July to the Strategic Health Authority (finalise 23 July). This return is primarily to determine a baseline allocation to CCGs, CSS's, PHE, NCB. Public Health allocations are included in the return. The Public Health information will be based on 2011/12 final accounts figures. This may change the proposed public health transfer value (£20.07m) originally submitted in September 2011 which was based on 2010/11 final accounts. The 2012/13 overall budget position will be reflected in the quarterly reports to WCC's Cabinet.
- Payroll Issues – payroll will need to begin building the database for transferred staff which can be confirmed by 1 September. Close liaison with WCC HR colleagues is underway and further discussions will be required on this before 1 September 2012
- Spending against the Public Health indicative allocation will be included in the

5.5 PCT health investment funds in Public Health have been confirmed for 2012/13, and are shown in Table 1 below:

Table 1: PCT additional investment in Public Health programmes – 2012/13

Investment Area	Funding 2012/13	2011/12 position
Smoking cessation Smoking in pregnancy	£105,000	Uplift from £40,000
Reinstating growth programme including (MECC)	£150,000	Unfunded in 2011/12, recurrent
Improving/tracking data and patient impact	£20,000	New
Contingency for over performance	£25,000	New
Tobacco Control	£75,000	£25,000 recurrent
DAAT allocation for 2013	£2,970,000	Recurrent
Sexual Assault Referral Centre	£50,000	New & recurrent
Affordable Warmth	£60,000	Re-ablement fund agreed with Wendy F One off
Health checks	£320,500	Uplift from £117,500
Weight Management	£445,000	Uplift from £390,000
Health visitors/ Family Nurse Partnership	£495,000k	
Total	**£4,715,500**	
Investment uplift		**£623,000**

Source: Public Health and PCT Finance

5.6 The 2012 DPH Public Health Annual report will summarise expenditure by District and Borough Councils on a weighted population basis. The investments will also be illustrated by CCG using the same formula. This approach is consistent with the baseline allocations made by the Cluster to the CCGs and will be useful in publicising our investments relative to health inequalities.

5.7 Public Health Joint Investment with Districts and Borough Councils

5.8 Public Health is keen to support joint health initiatives with the District and Borough Councils. All have agreed to identify match funded initiatives during 2012/13. Table 2 below shows the investment and improvement priorities agreed to date. Mechanisms for evaluation and a review of the success of each initiative will be integral to the partnership discussions throughout the year. A Memorandum of Understanding will be put in place to reflect the joint agreements. The existing local partnership groups will oversee the delivery of these investments. We hope that this approach will encourage increased joint health developments with the Boroughs and Districts in the future. South Warwickshire CCG has also recently confirmed that they will match fund agreed priorities from 2013/14, to support this approach for both Stratford and Warwick Districts. See table 2 summaries below.

Table 2.Joint Investment with District and Borough Councils -Health Improvement

District/ Borough	Improvement Initiative	Timescale	Funding from Council	Funding from Public Health	Funding from CCG	Total Funding
Nuneaton and Bedworth	Weight busters – 5 Weight management & exercise classes – most deprived wards	2012/13 then make sustainable	£5,000	£5,000	£5,000	£15,000
N Warks		TBC	TBC	Up to £10,000		
Rugby		2012/13	Up to £5,000	Up to £10,000		Cabinet Decision 27 August
Warwick	HiWEB Grant	2012/13	£10,000	£10,000		£20,000
Stratford	Healthy Stratford Grant	11/12 c/f 2012/13	£10,000 £5,000	£10,000		£25,000

Source: Public Health and PCT Finance

5.9 In the South of the County, Stratford District Council and Public Health have created the Healthy Stratford Grant. Both organisations have agreed that the grant will be used to fund community and voluntary sector organisations, town/parish councils or schools to carry out projects that will:

- Increase the mental health and wellbeing of the local population, particularly in relation to older people and dementia. OR
- Awareness raising around cancer and the risky lifestyle behaviors that contributes towards it. OR
- Promote affordable warmth and support local people to access information and advice to reduce fuel poverty. OR
- Activities that support people to live independently in their own homes.

5.10 Warwick District Council and Public Health have jointly contributed £10,000 each to create the HIWEB (Health Improvement and Wellbeing) Grant during 2012/13. The HIWEB Grant will be used to fund community and voluntary sector organisations and town/parish councils to carry out projects that will:

- Increase physical activity and improve healthy eating with children and their families. OR
- Promote falls reduction with older residents in the district. OR
- Promote activities that highlight the consequences and reduce risky lifestyle behaviors particularly related to alcohol/drug use and sex

5.11 Although public health projects are not yet defined in North Warwickshire and Rugby, both Councils have agreed to match funding. In Rugby, the arrangements have been reconfigured to become a Health Partnership which includes representatives of the CCG.

6. CSS Developments

6.1 The links between WCC, CSS and PH become increasingly important as we finalise our structures and establish arrangements for aligned and joint funded posts.

6.1 PH will make its core offer to CCGs through the CSS. Worcestershire CCGs of which there are three: Redditch and Bromsgrove, Wyre Forrest (North Worcestershire) and Kidderminster - chose to align their CSS requirements with Arden following a supplier presentation day in June.

6.2 CSS is currently developing the business processes and systems. A workshop on 25th July will finalise and agree the operational plan for the one front door approach to support CCGs. In August the NCB will begin a review (Checkpoint 3) of the CSS Full Business Case assessing their capability to be licensed as a CCG supplier.

6.3 PH Warwickshire and PH Coventry have an emerging opportunity with PH Worcestershire colleagues over future joint developments in making increasing efficiencies with the use of scarce resources. We need to ensure as PH Warwickshire that the core offer conditions and scope is understood by all Warwickshire CCGs.

6.4 Work is underway to determine CCGs public health needs and priorities so that the core offer is planned, agreed and affordable. Between September 2012 and March 2013 the Directorate will be able to test and shape the arrangements, ensuring agreements are clear over services that CCGs could commission but that currently sit with Public Health.

7. Consultation and Engagement

7.1 Public Health has a communications resource one day a week and has compiled a weekly bulletin to convey the key PH messages to staff and stakeholders. Staff will provide contributions to the newsletter that we intend will inform everyone about our ongoing developments until more embedded arrangements are clarified within WCC. A revised communications strategy has been drafted including recent developments and will include a costed plan to support the PH agenda and assigned responsibilities.

Summary

1. Request that the Scrutiny Committee signals their continued support for the Public Health developments as outlined in this paper.

2. That the Committee supports a further update in January/February following the clarification of the National Commissioning Board and Public Health England local arrangements as well as the checkpoint assessments of progress to be undertaken by the Dept of Health in October and January.